



DEPARTMENT OF THE NAVY

NAVY ENVIRONMENTAL HEALTH CENTER

2510 WALMER AVENUE

NORFOLK, VIRGINIA 23513-2617

NAVENVIRHLTHCENINST 1700.1B
CS

26 NOV 2001

NAVENVIRHLTHCEN INSTRUCTION 1700.1B

Subj: SAILOR OF THE QUARTER/SAILOR OF THE YEAR PROGRAM

Ref: (a) BUMEDINST 1700.4
(b) OPNAVINST 1700.10 Series

Encl: (1) Sample Nomination Sheet
(2) Board Appraisal Sheet for Personnel Interviews
(3) Fleet Home Town News Release, NAVSO 5724/1

1. Purpose. To set policy and procedures for the Sailor of the Quarter (SOQ)/Sailor of the Year (SOY) Program for the staff of the Navy Environmental Health Center (NAVENVIRHLTHCEN), Norfolk, Virginia.

2. Cancellation. NAVENVIRHLTHCENINST 1700.1A

3. Scope. This instruction applies to the staff of the NAVENVIRHLTHCEN and all field activities.

4. Background. In accordance with reference (a), the Commanding Officer, NAVENVIRHLTHCEN has established policy to identify and provide recognition for outstanding performance in military and professional areas by individual sailors. The SOQ/SOY Program is established to provide that identification and recognition.

5. Discussion. The success of this program depends on the selection of sailors in paygrades E-1 through E-6 who represent the highest caliber of professionalism and leadership. All supervisory personnel are encouraged to provide maximum program support.

6. Eligibility

a. SOQ: E-1 through E-6 assigned to NAVENVIRHLTHCEN and the Naval Dosimetry Center.

b. SOY: E-1 through E-6 assigned to NAVENVIRHLTHCEN and all field activities.

7. Action

a. All Directors, Officers in Charge, Chief Petty Officers, and other supervisory personnel will ensure deserving sailors are nominated through their chain of command for recognition.

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b. Senior Enlisted Leaders will ensure timely and complete nomination packages are submitted to the Command Master Chief (CMC), NAVENVIRHLTHCEN. Nominations will be submitted as outlined in the following table:

CY Nomination Schedule	Months	Nominations Due	Board Convenes
1 st Quarter	Jan – Mar	Last Friday of March	First week of April
2 nd Quarter	April – June	Last Friday of June	First week of July
3 rd Quarter	July-September	Last Friday of September	First week of October
4 th Quarter	October – December	Last Friday of December	First week of January
Sailor of the Year	January – December	Last Friday of January	First week of February

c. All SOY nominations must be submitted utilizing the sample nomination format described in reference (b).

8. Selection.

a. SOQ: The selection board will consist of the CMC, two Chief Petty Officers, and one representative from the Naval Dosimetry Center. This board will utilize enclosures (1) and (2) as a guide during the interview and selection process. The selection board will convene alternately at the Home Office and the Naval Dosimetry Center and will forward their recommendations to the Commanding Officer, NAVENVIRHLTHCEN for approval.

b. SOY: The selection board will consist of the CMC, and three Chief Petty Officers, and one representative from the Naval Dosimetry Center. This board will utilize enclosures (1) and (2) as a guide during the interview and selection process. The selection board will forward their recommendations to the Commanding Officer, NAVENVIRHLTHCEN for approval.

9. Recognition

a. Each SOQ will receive:

- (1) A Flag Letter of Commendation.
- (2) A three day special liberty.
- (3) An engraved plaque presented by the CO, NAVENVIRHLTHCEN.
- (4) A designated parking space.
- (5) Fleet Home Town News Release, enclosure (3)

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b. The **combined** NAVENVIRHLTHCEN/Naval Dosimetry Center SOY and the World-Wide NAVENVIRHLTHCEN SOY will receive:

- (1) A Navy and Marine Corps Achievement Medal, if not selected as the Bureau of Medicine and Surgery's Sailor of the Year.
- (2) An engraved plaque presented by the Commanding Officer, NAVENVIRHLTHCEN.
- (3) A four day special liberty.
- (4) A designated parking space.
- (5) Fleet Home Town News Release, enclosure (3).



D. M. SACK

Distribution: (NAVENVIRHLTHCEN 5215.2P)

List V (All NAVENVIRHLTHCEN Personnel)

VI (NAVENPVNTMEDU's)

VII (NAVDISVECTECOLCONCEN's)

VIII (NAVENVIRHLTHCEN DET)

IX (NAVDRUGLAB's)

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Sample Nomination Format

From: Officer in Charge/Director

To: Commanding Officer, Navy Environmental Health Center
(Attn: Command Master Chief)

Subj: SAILOR OF THE QUARTER NOMINATION SHEET ICO RATE, NAME,
SSN, XX QUARTER, CY 200X

Ref: (a) NAVENVIRHLTHCENINST 1700.1B

Encl: (1) Draft Flag Letter of Commendation
(2) Fleet Home Town News Release, NAVSO 5724/1

1. In accordance with reference (a), enclosures (1) and (2) are provided in conjunction with the following information:

- a. Primary duties:
- b. Collateral duties:
- c. Command Involvement:
- d. Community Involvement:
- e. Off-duty Education/Correspondence Courses completed:
- f. Awards:
- g. Date of Last PFA(s)/Score(s):

2. Summary of specific accomplishments that warrant selection as Sailor of the Quarter (bullet format).

SIGNATURE

Enclosure (1)

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BOARD APPRAISAL SHEET FOR PERSONNEL INTERVIEWS

Sailor of the Quarter/Year
(86 Points Maximum)

Sailor of the Quarter/Year Candidate: _____

Part 1: Objective Review (38 Points Maximum)

Performance Indicator	Max Points Available	Total Points Awarded
Community Involvement (1 pt active member; 2 pts Position of Authority)	5 Points	
Collateral Duties (1 pt each, 2pts Position of Authority)	10 Points	
Awards (1 pt CO LOA/LOC; 2pts Flag or NAM; 3 pts NC or Higher)	10 Points	
PRT (1 Excellent; 3 Outstanding in Each Cycle)	3 Points	
College/Correspondence Courses Completed (1 per Course Completed)	10 Points	
	Total Points Part I	

Part 2: Subjective Review (48 Points Maximum)

Performance Indicator	Max Points Available	Total Points Awarded
Duties/Responsibilities	20 Points	
Personal Interview (Military Knowledge; Current Events; Professional Knowledge and Chain of Command)	8 Points	
Military Appearance/Military Bearing	10 Points	
Speaking Ability	10 Points	
	Total Points Part II	
	Total Points Part I/II	

Board Member's signature: _____

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FLEET HOME TOWN NEWS RELEASE

1. Instructions on reverse.
2. Print in ink or type.
3. For additional remarks use Block 17.

PRIVACY ACT STATEMENT - AUTHORITY: 5 U.S.C. 301, and 14 U.S.C. 93f and 10 U.S.C. 8012 and 8034, and EO 9397. PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of sea service members. SSN is used for casualty identification and will not be released. ROUTINE USES: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain." DISCLOSURE IS VOLUNTARY: Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievement.

1. I certify this information is correct. I have no objection to its publication. Forms not signed will not be processed and will be returned. Print your First Name, MI, Last Name, and SSN. You must sign and date your form.

First Name: _____ MI: _____, Last Name: _____, SSN: _____
 Signature: _____, Date Signed: _____ (DD) (MM) (YYYY) 2. Rank 3. Date Reported (MM) (YYYY) 4. PRD (MM) (YYYY)

5. Command Mailing Address:

6. Command Releasing Authority (Normally Completed By Command PAO)

Print Name: _____

Signature: _____

Duty Phone: _____ Hold File: Yes ___ No ___

Homeport/Command Location: _____

If Unit Is Embarked Tell Where: _____

TYPE YOUR COMMAND'S MAILING ADDRESS OR PLACE COMMAND'S MAILING LABEL IN THE BLOCK ABOVE

7. Unit Code USN - UIC USMC - RUC - MCC USCG - OPFAC 8. Branch of Service (Check One) 9. Duty Status (Check One)
 USN ___ USMC ___ USCG ___ ACTIVE ___ RESERVE ___
 USA ___ USAF ___ CIV. ___

10. Date Entered Service (MM/YYYY) 11. Sex (Check One) MALE ___ FEMALE ___ 12. Are You Currently Married? (Check One) YES ___ NO ___ 13. Spouse's First Name (If Married)

14. Name and Address of College or University If Degree Was Received; Must Include City and State. Type of Degree Year Graduated FHTNC Use Only

15. Name and Address of College or University If Degree Was Received; Must Include City and State. Type of Degree Year Graduated FHTNC Use Only

16. Duty You Are Assigned/Job Title. (If Designated a Plane Captain, Crew Chief, etc., List Type of Aircraft.)

17. Event: Check the Appropriate Box or List Complete Details. If You Received a Medal or Award, Attach Copy of Citation.

Date of Event: (MM/DD/YYYY) Reported for duty Promoted to the Above Rank Meritoriously Promoted

Medal/Award...Attach Copy Retired: ___ # of Years Reenlisted: ___ # of Years Good Conduct Medal

Military School Graduation (List School and Course Name) Deployment -- Explain Below Other -- Explain Below

Explanation: (Attach Extra Page If Necessary.)

YOUR LIVING PARENTS OR GUARDIANS, OR OTHER RELATIVES: SHOW RELATIONSHIP. IF MILITARY INCLUDE RANK/SERVICE.

18. Your Father's First, MI, and Last Name Address (Number and Street)

City State ZIP Code

19. Your Mother's First, MI, and Last Name Address (Number and Street) (If Same as Above, Please Mark Box on Right)

City State ZIP Code

20. Your Grandfather's, Father-in-Law's, or Other Relative's First Name, MI, and Last Name (Write Relationship) Address (Number and Street)

City State ZIP Code

Relationship

21. Your Grandmother's, Mother-in-Law's, or Other Relative's First Name, MI, and Last Name (Write Relationship) Address (Number and Street) (If Same as Above, Please Mark Box on Right)

City State ZIP Code

Relationship

22. Name of High School You Graduated From Year Graduated City State ZIP Code

RESERVISTS - SEE INSTRUCTIONS ON REVERSE OF FORM. (ADDITIONAL INFORMATION IS REQUIRED.)

FOR RESERVIST'S USE ONLY - FILL OUT COMPLETELY - READ INSTRUCTIONS BELOW			
23. Your Home Address (Number and Street)	City	State	ZIP Code
24. Name of Your Place of Employment	Address (Number and Street)		
25. Your Position or Job Title With Company	Years Employed	City	State
		State	ZIP Code

INSTRUCTIONS

The Fleet Home Town News Center can help your family, neighbors, and friends back home recognize your achievements. Fill out this form so FHTNC can send news releases about your accomplishments to participating hometown newspapers, college alumni publications, radio and TV stations.

1. Print or type your complete name (first, MI, and last). Your social security number and signature is required. Please date the form when you sign.
2. Indicate your rank (i.e., YN3, CPL, LT).
3. Indicate the month and year you reported to your current command.
4. Indicate your projected rotation date.
5. Indicate your complete command mailing address. Include FPO address as appropriate. If this form needs to be returned to your command, this block will be the mailing label. Check with your supervisor if you don't know your command's address.
6. This block is to be completed by your unit public affairs officer or unit information officer. Include the command's homeport and a complete duty phone number where we might be able to contact you if necessary. If your unit is forward deployed, deployed, or commencing deployment, then your releases will be designated as a "Hold File," therefore, indicate "yes" beside "Hold File". If your unit is embarked, indicate what platform (i.e., HSL-41 Det B, embarked aboard USS Deyo; VF-143 embarked aboard USS George Washington).
7. Indicate your unit code as appropriate. (UIC for Navy, RUC-MCC for USMC, and OPFAC for USCG units.)
8. Check your branch of service.
9. Check for active duty status or reserve duty status.
10. Indicate the month and year you entered active duty.
11. Check appropriately.
12. Check current marital status.
13. If you are currently married, include spouse's first name and complete blocks 20 and 21 with in-law's names and addresses.
14. - 15. If you graduated from a college or university, please indicate the name of the college or university you graduated from; the type of degree received, such as BA or MA, and the year in which you graduated. If you have an additional degree or graduate degree, complete block 15 also.
16. Briefly describe your job (i.e., command master chief; ship's navigator; or platoon sergeant).
17. Indicate the date of event and then check the appropriate box. If you check the "promoted" box, the story will indicate you have been promoted to the rank in block 2. If you check "MEDAL/AWARD", please include a copy of the citation (not required for Good Conduct Medals). If "retired" or "reenlisted", state number of years.
18. - 21. List names and addresses of living parents, grandparents, in-laws or other relatives in appropriate boxes. If you are listing relative other than in-laws, in blocks 20 and 21; write the relationship in the appropriate box (i.e., grandmother, brother, uncle, foster- or step-parent). Please include full street address, city, state, and ZIP Code. (ZIP Codes are necessary for release to hometown media). If the address in block 19 is the same as block 18, mark the box in the address line in box 19. The same applies to boxes 20 and 21.
22. Indicate the name of the high school you graduated from, the year you graduated, and the city, state, and Zip Code where the high school is located.
23. - 25. FOR RESERVISTS USE ONLY. If you are a reservist please indicate your home address, city, state, and Zip Code in block 23. In block 24 indicate the name and address of your employer. In block 25 indicate your position or job title within the company, and the number of years you have been employed there. Indicate the city, state, and Zip Code of your employer.

FHTNC USE ONLY

Numbers below correspond with the number of blocks on this form. If a box is marked below, something is wrong with the corresponding block on the form. Please verify the information, make necessary changes, and return to FHTNC for processing. Our address is:

FHTNC
1877 DILLINGHAM BLVD
NORFOLK VA 23511-3097.

Phone: Comm. (804) 444-2221; DSN 564-2221. FAX: Comm. (804) 445-1092.

1	Name and signature not legible; no SSN; no signature. (SSN and signature required for processing.)	
2	Rank not indicated.	
3	Month and year reported not indicated.	
4	Projected rotation date not indicated.	
5	Command and address not fully indicated.	
6	Not signed. Duty phone number not indicated; homeport or command location not indicated.	
7	Unit code incorrect; not valid for branch of service; unit code not fully indicated.	
8	Branch of service not checked.	
9	Duty status not checked.	
10	Date entered service not indicated.	
11	Sex of submitter not indicated.	
12	Marital status not indicated.	
13	Spouse's name not indicated.	
14	Name and location of college or university not indicated; type of degree not indicated; graduation date not indicated.	
15	Name and location of college or university not indicated; type of degree not indicated; graduation date not indicated.	
16	Job title/duty assigned not indicated.	
17	No story indicated; not enough information; no course description, for school; copy of citation not attached.	
18	Missing or confusing parental information; no home tie specified; no street address indicated. Zip Code mandatory.	
19	Same address box checked with different address shown; missing or confusing parental information. Zip Code mandatory.	
20	Relationship not indicated; missing or confusing information; address not complete. Zip Code mandatory.	
21	Same address box checked with different address shown. Relationship not indicated. Zip Code mandatory.	
22	No high school name indicated; year graduated not indicated; city not indicated; state not indicated. Zip Code mandatory.	
23	No home address indicated; city not indicated; state not indicated. Zip Code mandatory.	
24	No employment indicated; employer's address not indicated.	
25	Position or job title not indicated; years employed not indicated; city not indicated; state not indicated. Zip Code mandatory.	
26	Other - see attached sheet.	

